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<b>Date:</b> August 4, 2005	<b>Phone Number</b>	<b>Fax Number</b>
<b>To:</b> Examiner Schubert		(571) 273-8300
<b>From:</b> Kevin J. Zilka		

**Docket No.:** NAI1P014/01.128.01**App. No: 09/916,929****Total Number of Pages Being Transmitted, Including Cover Sheet: 49****Message:**

Please deliver to Examiner Schubert.

Thank you,  
Kevin J. Zilka☐ Original to follow Via Regular Mail ☒ **Original will Not be Sent** ☐ Original will follow Via Overnight Courier

\*\*\*\*\*  
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AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

August 4, 2005

## PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Chris A. Barton et al.

Application No. 09/916,929

Filed: July 26, 2001

For: ANTI-VIRUS SCANNING CO-PROCESSOR)

Group Art Unit: 2137

Examiner: Schubert, Kevin.

Date: August 4, 2005

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria VA 22313-1450 at facsimile number: (571) 273-8300 on the above date.

Signed:

Erica L. Farlow

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Request for Reconsideration and Petition for Consideration of Affidavit After Final in the above-identified application.



Applicant(s) hereby petition for a two month extension of time to respond to the outstanding Office Action. Applicant(s) believe that no additional Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. NA11P014.



Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees. If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NA11P014). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,  
Zilka-Kotab, PC

Kevin J. Zilka  
Registration No. 41,429

P.O. Box 721120  
San Jose, CA 95172-1120  
Telephone: (408) 971-2573

(Revised 1/96)

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